



Ending the HIV Epidemic

PROGRAM BRIEF: HIV PREVENTION THROUGH HIV TESTING 2021

Introduction

HIV screening and testing has been a cornerstone of HIV prevention programming since March 1985 when the first HIV antibody test became widely available in the United States. Evidence has shown that early detection and early treatment for HIV not only significantly improves an individual's quality of life by reducing the risk of developing HIV-related complications but reduces the amount of virus in their bloodstream to undetectable levels (viral suppression) and decreases the likelihood of transmitting HIV to others. Health Departments have historically supported and funded HIV screening and testing programs to enhance personal and public health outcomes. The County of Los Angeles, Department of Public Health (Public Health), Division of HIV and STD Programs (DHSP) has been at the forefront of implementing and evaluating HIV testing services, piloting new testing technologies and supporting innovative programming to refine and improve local HIV testing efforts that meet public health goals.



Currently, it is estimated that over 57,000 individuals in Los Angeles County (LAC) are living with HIV, including 5,100 people not aware of their HIV status. Recent data shows that people living with HIV (PLWH) who are undiagnosed or diagnosed and out of care contribute to as many as 80% of new HIV transmissions in the United States (U.S.).ⁱ A timely HIV diagnosis as close to the point when an individual acquires HIV (coupled with HIV treatment and behavior modification) is a crucial step to preventing disease progression, maximizing positive health outcomes and reducing the likelihood of HIV transmission to others. For individuals who test negative for HIV, the testing encounter provides an opportunity to re-affirm prevention behaviors and educate individuals on HIV risk reduction tools, including condom use, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

The purpose of this brief is to provide an overview of current HIV testing activities supported by Public Health and provide stakeholders with insight into potential future directions for new and more robust testing strategies across multiple sectors to end the HIV epidemic.

Ending the HIV Epidemic (EHE) Initiative

In 2019, the federal government launched the Ending the HIV Epidemic (EHE) Initiative which aims to end the HIV epidemic in the U.S. by 2030, that is to reduce the number of new infections in the United States by 90% compared to 2020 levels. The EHE plan includes four key pillars: (1) diagnose people as early as possible (Diagnose Pillar), (2) treat people rapidly and effectively (Treatment Pillar), (3) prevent new HIV transmissions (Prevent Pillar), and (4) respond quickly to HIV outbreaks to get services to people who need them (Respond Pillar). EHE's goal for the Diagnose Pillar is to increase the percentage of people living with HIV that are aware of their diagnosis to 95% by 2030. The most recent data in Los Angeles County reveals that 91% of PLWH know their HIV positive status, and Public Health, in partnership with a wide range of community partners, is working to reach the EHE goal by expanding and improving HIV testing services within the County.



ⁱ. https://www.cdc.gov/mmwr/volumes/68/wr/mm6811e1.htm?s_cid=mm6811e1_w

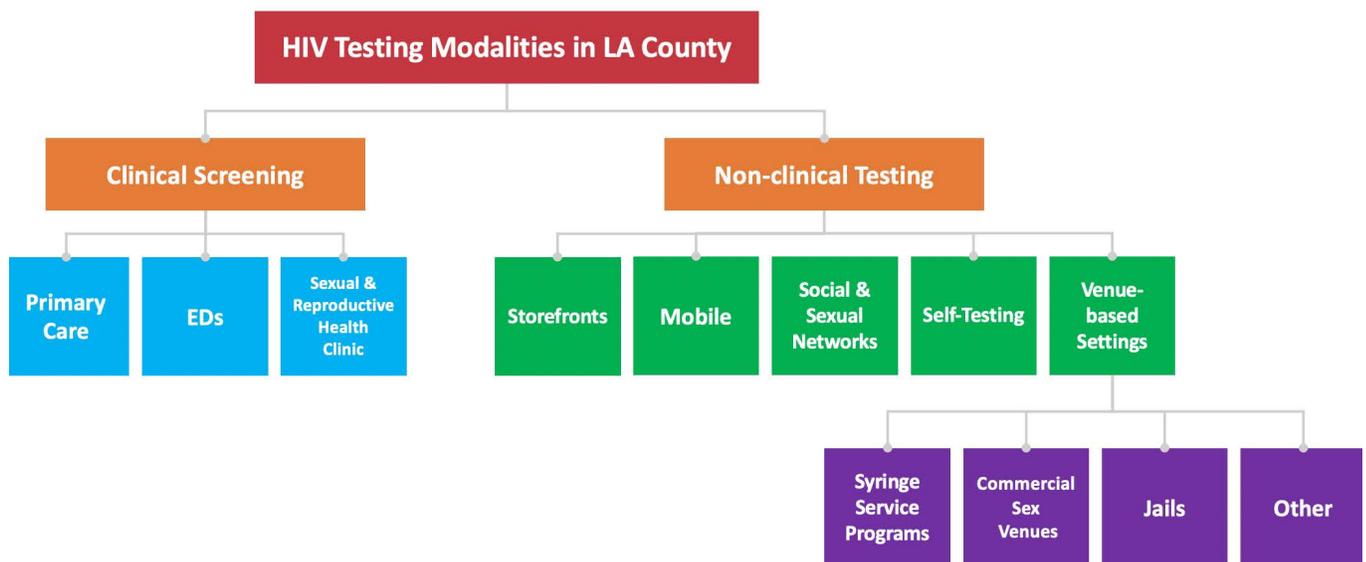
HIV TESTING IN LOS ANGELES COUNTY

Overview of HIV Testing Services

Public Health partners with a broad array of public and private sector providers to deliver HIV prevention programs, including HIV testing services. These testing services provide an opportunity for individuals to learn their HIV status, develop skills to prevent HIV infection or transmission, reinforce behaviors that help mitigate HIV infection and transmission, and provide linkage to HIV and other systems of care consistent with the recommendations and priorities outlined in the [Ending the HIV Epidemic Plan for Los Angeles County](#).

Testing initiatives can be categorized into two main approaches: clinical and non-clinical. Clinical approaches (i.e., healthcare settings) generally utilize routine HIV screening, which focuses on offering HIV testing as a routine part of medical care. HIV testing in non-clinical settings leverages community-based organizations, locations, and cultural capital to offer HIV testing to individuals at higher risk of acquiring HIV (Figure 1). Clinic-based screening sites can include diverse settings ranging from sexual health clinics to primary care clinics to emergency departments and other settings such as dental offices. Non-clinical testing settings include social and sexual network testing, storefront testing, HIV self-test kit distribution programs, street medicine testing, and focused testing in venue-based settings such as jails, commercial sex venues, syringe service programs, among other venues.

Figure 1. HIV Testing Modalities Utilized in Los Angeles County



HIV Screening in Clinical Settings

HIV screening within clinical settings (e.g., emergency departments, hospitals, Sexual Health Clinics) in highly HIV impacted geographic areas is crucial to increasing the number of PLWH who are aware of their status. In 2006, the Centers for Disease Control and Prevention (CDC) issued recommendations that screening for HIV should be performed routinely for all patients aged 13 to 64 years at least once in their lifetime across healthcare settings.ⁱⁱ For those at higher risk, such as persons who inject drugs and persons who have sex with partners of unknown HIV status, CDC recommends getting tested at least once a year. While the HIV positivity rates of routine screening programs in clinical settings is much lower than targeted HIV testing modalities that focus services on individuals or characteristics (e.g., geography) with elevated HIV rates, they remain an important way to destigmatize HIV testing and infection

ii. <https://www.cdc.gov/hiv/clinicians/screening/benefits.html>

and facilitates the testing of individuals who do not recognize their HIV risk. In many cases, routine testing also provides an opportunity to identify acute HIV infections and to effectively link newly and previously diagnosed PLWH to care.

Primary Care Clinics

Implementation of the CDC's 2006 routine screening recommendations has been suboptimal even within primary care clinics. Nationally, 75% of patients who saw a primary care provider in the last year and who could most benefit from HIV testing, were not offered an HIV test.^{ii,iii} In the past, Public Health funded a small number of community health centers to support the start-up costs for routine screening programs that would become long-term sustainable screening programs. As part of the national EHE initiative, a significant number of federally qualified health centers (FQHCs) and community health clinics were funded directly by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care to adopt routine HIV screening, increase PrEP provision, and implement other HIV prevention services within their clinics. Public Health plans to work with the funded clinics in partnership with the Community Clinic Association of Los Angeles County (CCALAC) to support these efforts.

Emergency Departments

Emergency Departments (EDs) are entry points into healthcare services for many individuals, and PLWH have been shown to have higher utilization of EDs compared to other populations.^{iv,v} For this reason, EDs, urgent care settings, and hospitals are important locations to offer HIV testing, especially to assist individuals who utilize emergency services due to a lack of an established primary care option. Additionally, routine HIV screening in EDs and hospitals have the potential benefit of identification of persons with acute HIV infection and the opportunity for high linkage to care rates.

During acute HIV infection, individuals have high viral loads, may be in a period of high sexual risk behavior, and not aware of their diagnosis. A 2017 retrospective study of nine EDs implementing fourth generation (antigen-antibody) routine HIV screening in six US cities found that acute infections accounted for 15% of new diagnoses.^{vi}

During the COVID-19 pandemic, the University of Chicago Medicine (UCM) ED incorporated routine HIV screening into their COVID-19 testing protocol, conducting 19,111 tests from January to October 2020, identifying 46 new diagnoses, 12 of which were acute HIV infections.^{vii} This protocol provides insight into additional opportunities to leverage other communicable disease priorities, and aligns with Public Health efforts to expand buy-in and implementation of routine screening in emergency departments across LAC.

Utilizing funds from Public Health and the Gilead Sciences, Inc.'s FOCUS program, Los Angeles County University of Southern California Medical Center's (LAC+USC) emergency department implemented routine HIV screening in 2011.^{viii} Since the start of the program, LAC+USC tested 116,116 people for HIV and identified 609 new diagnosis, including 60 acute infections. Of the newly diagnosed PLWH, 94% were linked to care using a high intensity model whereby HIV Fellows (physicians) meet with patients in the ED when possible and schedule them for follow-up in their clinic. The FOCUS program continues to fund hospitals to implement routine HIV testing among other strategies related to syphilis and viral hepatitis testing as well.

In 2020, Public Health received HIV case reports for a total of 2,338 new HIV diagnoses, and 2,006 cases were matched to a reporting health care facility. Approximately three out of every five new diagnoses were identified at one of the hospitals or associated clinics listed below in Tables 1 and 2.

iii. <https://www.cdc.gov/mmwr/volumes/66/wr/mm6647e1.htm>

iv. <https://pubmed.ncbi.nlm.nih.gov/23773723/>

v. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/AB_2439_Report.ADA.pdf

vi. <https://pubmed.ncbi.nlm.nih.gov/29310870/>

vii. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2778541>

viii. <https://www.croiconference.org/abstract/experience-from-the-largest-western-us-emergency-department-on-ending-the-epidemic/>

Table 1. Top 8 HIV Diagnosing Hospitals and Outpatient Clinics in Los Angeles County, 2020

	Number of New HIV Cases Diagnosed	Percent of New Diagnoses
Acute Care Hospitals		
Kaiser Permanente Los Angeles Medical Centers	226	11.3%
Los Angeles County + University of Southern California Medical Center	97	4.9%
Cedars-Sinai Medical Center	77	3.8%
UCLA Medical Center	62	3.1%
Harbor UCLA Medical Center	37	1.8%
St. Mary Medical Center	34	1.7%
Outpatient Clinics		
St. John's Well Child and Family Center	34	1.7%
AltaMed Health Services Corp.	27	1.4%
TOTAL	594	29.7%

Sexual & Reproductive Health Clinics

Given the behavioral and biomedical links between sexually transmitted diseases (STDs) and HIV risk, screening sexually active persons presenting for STD testing for HIV is imperative. Sexual health providers in LAC include community and Public Health STD clinics, family planning providers, and HIV PrEP clinics. Public Health currently operates 11 STD clinics and funds four community-based LGBT focused STD clinics that provide no-cost specialized STD and HIV services in a confidential, non-judgmental setting. Family planning providers include Planned Parenthood as well as a network of many smaller clinics; these providers have and continue to provide comprehensive STD and family planning services to patients of all genders with funding support from the California's Family PACT program for uninsured or underinsured persons. Since 2012, the number of clinics offering PrEP either in a separate PrEP focused clinic or integrated into their regular services has increased; per CDC guidelines, clients prescribed PrEP should be tested for HIV every three months.

Table 2. New HIV Diagnoses among Selected Sexual and Reproductive Health Providers in Los Angeles County, 2020

	Number of New HIV Cases Diagnosed*	% New Diagnoses in LAC
Sexual & Reproductive Health Clinics		
AIDS Healthcare Foundation	311	15.5%
Los Angeles LGBT Center	189	9.4%
Planned Parenthood Los Angeles	66	3.3%
APLA Health	16	0.8%
Men's Health Foundation	13	0.7%
Department of Public Health	6	0.3%
TOTAL	601	30%

*Cases diagnosed impacted by clinic closures and reduced hours due in response to COVID-19.

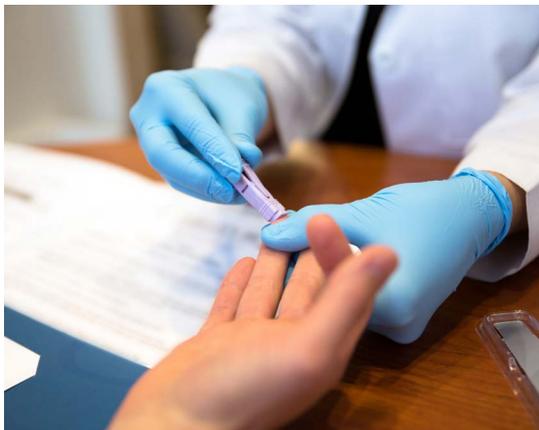
HIV Testing in Non-clinical Settings

HIV testing in non-clinical settings complements routine screening in clinical settings by providing options for people to access HIV testing outside of a healthcare environment. Since the beginning of the HIV epidemic, community members have advocated for non-clinical testing venues as settings in which individuals can seek HIV testing, sexual health education, and other services in a culturally affirming and confidential space. Settings include community-based organizations (CBOs) operating out of a storefront or mobile testing units; testing at commercial sex venues, syringe service programs, jails, and other venue-based settings; distribution of HIV self-test kits; and testing through social and sexual networks. Targeted HIV testing in non-clinical settings also identifies priority populations based on risk of acquiring HIV. Through this model, CBOs leverage their relationships with community members and can utilize a wide range of outreach modalities to reach priority populations. These sub-populations include but are not limited to men who have sex with men (MSM), transgender persons, cisgender women of color, people who inject drugs and persons with methamphetamine and substance use disorder.

County of Los Angeles-contracted HIV testing providers are selected for their expertise and strong track record of successfully reaching priority populations. All contracted providers are expected to provide 1) targeted HIV testing services, 2) hands-on assistance with linkage to HIV care for people testing HIV positive, and 3) education and referrals to PrEP and other prevention services for those who test negative but are at elevated risk of HIV acquisition.

Storefront HIV Testing

Storefront HIV testing is an essential part of targeted HIV testing because they provide consistent, confidential, and community centered services. Organizations selected by Public Health for storefront testing contracts must demonstrate a strong record of engaging and providing services to populations at elevated risk for HIV. A 'storefront' is defined as a brick-and-mortar location that is considered a community drop-in HIV testing site that is an alternative to clinical sites. In 2019, 33,940 HIV tests were conducted at storefront location in LAC, and 402 (1.2%) of the tests were positive. Of the 402 positive tests, 159 or 0.5% of the total tests were confirmed newly diagnosed positive tests; the balance of the positive tests were previous positive tests.



Mobile Testing Units (MTU)

While mobile HIV testing has been an impactful strategy in several places internationally, data demonstrating their effectiveness in the US is lacking, particularly in urban areas. MTUs have served as a tool for advocates working to destigmatize HIV and raise awareness across many communities in LAC. However, after years of supporting this modality, Public Health has noted a persistently low positivity rate, lower than average linkage to HIV care rates, and poor PrEP referral rates from mobile testing programs

compared to other targeted testing programs. The average linkage to HIV medical care from these programs in LAC has been as low as 23% and no higher than 70% -- far below the goal of 95% linkage to care rates expected for newly diagnosed PLWH. As a result of these performance disparities, the resources that have been used to support mobile testing programs have been repurposed to expand the number of programs that utilize other testing modalities that have reported a higher HIV positivity rate among testers as well as a higher linkage to care rates.

The National HIV Behavioral Surveillance (NHBS) project utilizes a data driven approach to target geographic areas for MTU-based testing; employs a structured outreach element, and offers incentives to project participants. This approach may provide insight into a more successful model of mobile testing. Testing among a sample of MSM participants with previously undiagnosed HIV in the LAC 2017 NHBS project resulted in a 3.4% new positivity rate. Other mobile models integrate multiple services including social services (i.e., housing screening and placements) and/or bundled communicable disease testing such as tuberculosis or COVID-19 screening have been successful in reaching people experiencing homelessness. Public Health is committed to continued exploration of best practices in MTU service delivery to determine future support of this modality.

In 2019, a total of 32,727 HIV tests were performed using MTUs in LAC, and 295 or 0.9% of the tests were positive, including 0.3% confirmed new positives.

Social and Sexual Networks

Social and Sexual Networks testing is an evidence-supported programmatic, peer-driven, recruitment strategy to reach people from the communities most impacted by HIV who may be living with HIV but unaware of their status. It is based on the concept that people within the same social and sexual network both have the same structural and behavioral context and can influence one another's behaviors. Social and Sexual Networks are defined as networks of individuals (such as friends, partners, acquaintances, and co-workers) connected by interpersonal relationships. Agencies enlist recruiters from communities highly impacted by HIV to promote HIV prevention and care services within their social and sexual networks. This type of strategy facilitates expansion and in-depth access to testing within networks. A two-year CDC funded demonstration project with nine agencies in seven cities utilized this strategy to reach African American MSM and demonstrated a 6% positivity rate.^{ix}



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In 2019, Public Health began investing in this strategy to increase HIV testing and diagnosis rates. In 2019, a total of 1,034 HIV tests were performed at locations with Social and Sexual Networks HIV testing services in LAC, and 36 (3.5%) of the tests were positive in total including 0.7% confirmed new positivity.

HIV Self-Test Kit Distribution

HIV self-test kits have been approved by the U.S. Food and Drug Administration (FDA) since 2012. While less sensitive in detecting early or acute infection than other HIV tests, self-test kits provide an important low barrier option for individuals to confirm their HIV status. The CDC 2019 Evaluation of HIV Self-Testing Among Men who have Sex with Men Project (eSTAMP) found that the provision of HIV self-test kits via mail increased self-testing among participants including those who had never tested and helped to identify significantly more new HIV cases than in the control group.^{x, xi}

ix. <https://www.cdc.gov/hiv/effective-interventions/library/social-network-strategy/implementation-materials/cdc-hiv-ei-sns-standard-operating-procedures.pdf>

x. https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/si/cdc-hiv-eSTAMP_SI_FBI.pdf

xi. <https://www.cdc.gov/hiv/testing/self-testing.html>

Public Health has long supported self-testing programs in Los Angeles County to expand HIV/STD testing options. In 2009 Public Health launched a campaign supporting the *I Know* program and *Don't Think Know* website to increase the availability of mail order self STD testing focusing on Black and Latina women to address the disproportionate rates of gonorrhea and chlamydia among these populations. At the beginning of the COVID-19 pandemic, Public Health increased its investment in self-testing options by participating in a national self-test kit program, *Take Me Home*, and purchasing self-test kits for distribution through the local LAC providers. [TakeMeHome](#) – a partnership between Building Healthy Online Communities, NASTAD, and Emory University – provides an online platform by which health departments can provide free HIV self-tests. Despite its intentional design to be low-barrier and free, *TakeMeHome* has had a slow start in LAC and other areas of the country. Between August 2020 to July 2021, 1,282 LAC residents requested an HIV self-test kit via the *TakeMeHome* website. Among those that requested a test, over 1/3 reported to have never been tested for HIV; of those individuals over 80% identified as men, and approximately 55% were under 30 years old. *TakeMeHome* is working to expand its reach and diversify its users by implementing active social media strategies and partnering with local credible messengers to increase the recognition of and trust in the program.

Providing the opportunity for no-cost self-test kits is a strategy to increase access to HIV testing services with minimal staff support. Since January 2021 and to date, Public Health has distributed nearly 8,000 kits to contracted HIV prevention agencies, other community partners, and through community events. Public Health plans to expand self-test kit distribution through programs that serve people who inject drugs, transitional aged youth, and people experiencing homelessness. LAC is also pursuing distribution options through non-traditional partners such as barbershops, religious institutions, mutual aid groups, as well as through large scale community events.



Venue-Based Settings

Los Angeles County Correctional Settings

The overlap between PLWH and people who are or have been incarcerated makes jails a critical intervention point for providing HIV services.^{xii} At year end of 2010, there were 20,093 PLWH incarcerated in the US.^{xiii} It is estimated that one in seven PLWH are incarcerated at any one time. The LA County jail system has a population of approximately 12,800 people.^{xiv} While people incarcerated in LAC jails can request medical evaluations including HIV and STD testing, most people have relatively little interaction with the healthcare staff at the jail, particularly if their length of stay is short. To address this missed opportunity, Public Health collaborates closely with the LAC Department of Health Services and the LAC Sheriff's Department to provide incarcerated persons with HIV and STD testing, health education, and linkage to care for clients testing positive for HIV and STDs.

Since 2000 Public Health has provided HIV testing at Men's Central Jail for people who self-identify as gay, bisexual or as a transgender woman. Public Health staff also offer syphilis testing, multi-site (genital, rectal and throat) chlamydia, and gonorrhea testing, distribute condoms and lube, and provide health education information and materials. From 2016 through 2020, 2,100 HIV tests have been conducted in the K6G dormitory for gay and bisexual men and transgender persons resulting in 171 positive test results, including

xii. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6215366/>

xiii. <https://www.bjs.gov/content/pub/pdf/hivp10.pdf>

xiv. <https://www.vera.org/care-first-la-tracking-jail-decarceration>

new and previous diagnoses. The overall positivity rate of 8.1%, is the highest of all HIV test settings in LAC. In 2019, 390 people in the K6G dormitory were tested for HIV resulting in an overall positivity rate of 8.7%.

In 2010, Public Health piloted testing in the Inmate Reception Center (IRC), where people are centrally processed into the LAC jail system and where housing is assigned, and as strategy to assess the prevalence of HIV among the general jail population. In the nearly two-year pilot, analysis revealed that almost all the individuals testing positive in the IRC were eventually housed in the K6G dormitory, where testing is also offered. Given the considerable effort and low yield to offer testing in the IRC, Public Health halted the program after two years, but continues the K6G-based testing program.

Public Health also offers gonorrhea, chlamydia, syphilis and HIV testing in the women's jail, Century Regional Detention Facility (CRDF). While the program has consistently yielded high gonorrhea and chlamydia positivity, in most years no more than one woman was diagnosed with HIV annually. In 2019, 4,230 STD screening tests were performed resulting in a chlamydia positivity of 11.6% and a gonorrhea positivity of 7.7% among women in CRDF. In 2018, to address rising syphilis cases in women of reproductive age, Public Health staff performing HIV testing in the jail were retrained to focus on rapid syphilis testing, which has been of higher yield.

LAC's Juvenile Hall provides routine HIV and STD screening (syphilis, urine screening for chlamydia and gonorrhea) at initial intake for all adolescents who are detained in their system. During the comprehensive physical exam, a physician may request additional STD testing to include three-site chlamydia and gonorrhea testing. In 2019, 6,226 STD screening tests were performed resulting in a chlamydia positivity of 9.0%, a gonorrhea positivity of 2.1% and an all-stage syphilis positivity of 0.9%. HIV screening in the Juvenile Hall has historically resulted in very low positivity.

Commercial Sex Venues

HIV testing in commercial sex venues (CSV) is an important part of targeted testing because it provides tangible and immediate support to sexually active patrons and creates an opportunity to identify PLWH among an impacted community. The County of Los Angeles defines a CSV as "any establishment that charges patrons or members a fee for admission or membership and as one of its primary purposes allows, facilitates, and/or provides facilities for its patrons or members to engage in sexual contact while on the premises." ^{xv}

In 2004, Los Angeles County adopted an ordinance that redefined bathhouses as commercial sex venues and issued regulations related to the inspection of the venues. The following year, Public Health began implementing the regulations which included a requirement that HIV testing be available onsite at all CSVs in LAC. For the eight CSVs in LAC, the CSV owners are responsible for funding an agency to conduct the testing and Public Health provides support through funding of laboratory processing for HIV and syphilis testing. In 2019, a total of 1,657 HIV tests were performed in CSVs in LAC, and 20 (1.2%) were positive, including 0.4% confirmed as new positive tests.

Syringe Service Programs

Globally, people who inject drugs (PWID) are 22 times more likely to acquire HIV than those who do not. ^{xvi} From 2016 to 2018, HIV diagnoses increased by 11% among PWID in the US. ^{xvii} Unfortunately, in LAC over one-third of PLWH who inject drugs are unaware of their HIV status and only 55% of surveyed PWID have been tested for HIV in the past 12 months. Over the past five years, there have been multiple large HIV outbreaks among PWID across the US. The interruption and scaling down of services due to the COVID-19 pandemic exacerbated the conditions in which outbreaks occur. In 2020, the CDC released recommendations to prevent HIV outbreaks among PWID, central to which was consistent service provision by syringe service

xv. https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT11HESA_DIV1HECO_CH11.04CODICO

xvi. https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

xvii. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf>

programs.^{xviii} Organizations that provide syringe service programs (SSPs) have staff and programming centered on the needs of PWID. These services can include linkage to substance use disorder treatment, distribution of sterile syringes and injection equipment, safe disposal of syringes and equipment, and testing and linkage to additional services. SSPs present the opportunity to engage clients who are primarily seeking harm reduction services in HIV prevention and care services. In doing so, they play an important role in identifying and treating HIV among PWID, potentially preventing outbreaks and encouraging use of testing services among their social and sexual networks.

In LAC, six agencies are funded by Public Health to provide SSP services: Asian American Drug Abuse Program (AADAP), Bienestar Human Services, Homeless Health Care Los Angeles, Los Angeles Community Health Project, Tarzana Treatment Centers, and Venice Family Clinic. Of these six agencies, only three are funded by Public Health to conduct HIV testing services. Given the important role of SSPs in HIV prevention and treatment strategies, Public Health is committed to collaborating with these community partners to expand HIV testing services.

In 2019, 10,080 HIV tests were performed by the three HIV testing providers that also provide SSP services in LAC; 86 (0.9%) of the tests were positive, including 0.3% confirmed as new positive tests.

Other Settings

In the past, there have been other settings identified for HIV testing services including substance use treatment facilities and large-scale events. From 1990 to 2011, Public Health provided co-located staff at substance use treatment facilities to provide HIV testing to clients who could benefit from this service. While people who use drugs are a priority population for HIV prevention and care, these efforts resulted in a low positivity rate, and the program was phased out. However, due to rising syphilis cases among people who report using methamphetamine, Public Health is currently exploring testing opportunities at substance use disorder treatment programs.

For many years Public Health HIV testing and linkage staff provided services at large scale events such as Pride, Remote Access Medical, and Care Harbor. Provision of services at these events were less effective than anticipated due to the low positivity rate and difficulty linking clients to care. However, these community events continue to be good opportunities for more general health education, increasing awareness on biomedical interventions, and reducing stigma.

Public Health is committed to working to identify additional social settings to reach groups that are highly impacted by HIV and where either testing on site or the distribution of self-test kits can be beneficial.



xviii. <https://emergency.cdc.gov/han/2020/han00436.asp>

IMPACT OF THE COVID-19 PANDEMIC ON HIV TESTING

The COVID-19 pandemic created unique challenges to implementation and expansion of HIV prevention and care services. Disruption in service provision due to COVID-19 control efforts occurred across sectors in LAC. Safer at Home Health Officer orders impacted in-person clinical services, leading to a decrease in visits and HIV testing in 2020. Congregate settings such as jails closed to non-essential personnel and commercial sex venues (CSVs) closed altogether. Many CBOs drastically scaled down service delivery, including stopping all in person community events and clinical services. Public Health focused energy and resources on the COVID-19 pandemic also impacting HIV and STD clinical services.

FUTURE DIRECTIONS

The future directions of HIV testing in LAC will be guided by the [Ending the HIV Epidemic Plan for Los Angeles County](#). The key outcome in the Diagnose Pillar of the EHE plan for LAC is to increase the proportion of PLWH who know their status in LAC from 91% to 95% by 2030. The three key Diagnose Pillar strategies and the activities outlined in the EHE plan for LAC are:

- Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities.
 - Activity 1A.1: Assess and monitor the degree that HIV testing is occurring County-wide. Identify infrastructure and healthcare system issues to determine the feasibility of expanding routine optout testing.
 - Activity 1A.2: Expand the number of emergency departments and community health centers in high prevalence communities performing routine opt-out HIV screening.
 - Activity 1A.3: Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, such as routine STD screening sites and substance use treatment centers, among others.
- Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home and/or self-testing.
 - Activity 1B.1: Assess and monitor the degree that HIV testing is occurring County-wide (see Strategy 1A). Identify infrastructure and healthcare system issues to determine the feasibility of launching a county-wide rapid HIV self-test program.
 - Activity 1B.2: Develop guidance on HIV home testing, including a quality assurance protocol, and assess readiness of providers to implement home testing.
 - Activity 1B.3: Expand use of HIV home testing among at risk individuals unlikely to receive traditional in-person HIV testing.
- Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare and non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening and increase ways of maintaining communication with clients.
 - Activity 1C.1: Develop provider-to-patient communication tools to support providers identify at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients.
 - Activity 1C.2: Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening.
 - Activity 1C.3: Expand implementation and use of provider-to-patient communication tools among LAC DPH funded HIV prevention providers.

To successfully implement these strategies and activities, and ultimately reach the goal of ensuring 95% of PLWH are aware of their status, Public Health must deepen and expand traditional and non-traditional partnerships. This includes working with administrators and clinicians to expand routine HIV screening in EDs, primary care clinics, sexual health clinics, and other settings. Further, continued investment in high impact strategies such as targeted testing in storefronts and venue-based settings, and additional investment in new and/or innovative strategies such as HIV self-testing, are needed. Testing modalities with relatively lower positivity and linkage rates, such as mobile testing units require further evaluation to determine optimal conditions for use (e.g., full-service mobile clinics vs. HIV testing only).

The expansive community of stakeholders invested in ending the HIV epidemic continue to play an integral role in increasing access to and utilization of HIV testing in LA County. To become more involved in EHE efforts in LAC visit the [EHE website](#). To receive HIV self-test kits to distribute among your agency or community events, email EHEInitiative@ph.lacounty.gov.